

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/579107

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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15						
16						
17						
18						
19						
20						
21	1					
22		1				
23		1				
24						
25						
26						
27	1					
28		1				
29		1				
30		2				
31		2				
32		2				
33		2				
34	C	C				
35	1					
36		1				
37		1				
38						
39						
40						
41						
42	1					
43		1				
44		1				
45		1				
46	C	C				
47		3				
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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83						
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85						
86		1				
87						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	20	←		←		←
TOTAL CLAIMS	24					